

# THE AGE OF CHANGE

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## MICHIGAN'S CONTINUED COMMITMENT TO OLDER ADULTS

ANNUAL REPORT  
**2009**

STATE OF MICHIGAN  
OFFICE OF SERVICES TO THE AGING





# **2009 ANNUAL REPORT**

## **The Age of Change: Michigan's Continued Commitment to Older Adults**

**State of Michigan**  
Jennifer M. Granholm, Governor

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JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
OFFICE OF SERVICES TO THE AGING  
LANSING

SHARON L. GIRE  
DIRECTOR

January 30, 2010

Dear Governor Granholm, Members of the Michigan Legislature and Friends:

The Office of Services to the Aging has served as a beacon in conducting work during these very trying times. Our mission, "To promote independence and enhance the dignity of Michigan's older adults and their families" motivates OSA and has resulted in multiple new initiatives through federal grants. These include healthy aging and prevention programs; improved access through proposed aging and disability resource center partnerships; and federal grants to develop models for long term care reform. Focus has been on imbedding person-centered thinking and planning across the array of services. The following highlights demonstrate efforts which guide the state toward systems transformation.

Evidence-Based Disease Prevention (EBDP) programs help older adult participants adopt lifestyles and behaviors that enhance quality of life. The EBDP program is available in 53 counties and focuses on chronic disease self-management, and balance and fitness enhancement through exercise programs. The EBDP program has been shown to significantly reduce outpatient visits and hospitalizations.

The Community Living Program (CLP) offers older adult consumers options and controls over services they can receive in their homes. The CLP identifies those at risk of nursing home placement and Medicaid spend-down, but who have some personal resources available for their care. The program prevents or defers these individuals from prematurely entering nursing homes and becoming dependent on Medicaid.

The Savvy Caregiver Program provides training and support to family caregivers of those with Alzheimer's disease and related dementia. To date, the program has 23 master trainers who have trained over 200 family members. The program focuses on helping the caregiver think about their situation objectively and provides them with the knowledge, skills, and attitudes needed to manage stress and carry out the caregiving role effectively.

Senior Project FRESH is a nutrition program which provides fresh fruits and vegetables to low-income older adults who are at 185 percent of poverty or less. In 2009, 70 counties distributed coupons to over 23,487 older adults that could be used at farmers markets and roadside stands. Participants also received nutrition education classes, one-on-one counseling, cooking demonstrations, and Michigan farmers were given economic benefits.

OSA strives for excellence in bringing forth the most current, established standards of service for Michigan's older adults. We are committed to researching and bringing to our State the latest strategies to enable older adults to live safer, healthier, and in the settings of their choice. We know your interest in Michigan's older adults and appreciate your continued support.

Sincerely,

Sharon L. Gire, MSW  
Director

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# TABLE OF CONTENTS

## Michigan's Aging Network

Office of Services to the Aging .....	1
Commission on Services to the Aging .....	2
State Advisory Council on Aging.....	2
Area Agencies on Aging.....	3
Commissions and Councils on Aging .....	3
Local Service Providers.....	3
Partner Organizations .....	3

## Services

Evidence-Based Disease Prevention Programs.....	4
Community Living Program.....	4
Caregiving.....	6
Savvy Caregiving.....	7
State Long Term Care Ombudsman .....	7
Medicare/Medicaid Assistance Program .....	8
Senior Project FRESH .....	8
Senior Community Service Employment Program .....	9
Older Volunteer Programs .....	9
Michigan Direct Care Workforce Initiative .....	10
Elder Abuse.....	10
Michigan Adult Abuse, Neglect and Prevention Training Program.....	11
Legal Assistance .....	12
Community for a Lifetime Recognition Program.....	12
Housing .....	13
Older Michiganians Day .....	14
Cultural Competence.....	14

## Program Data

Program Reporting.....	16
Access Services .....	17
In-Home Services .....	17
Nutrition Services.....	18
Community-Based Services .....	18
Services to At-Risk Clients.....	19
Older Adults Served in Greatest Social and Economic Need.....	20
Services to Caregivers .....	20
OSA Budget Appropriation.....	22
Grant Awards .....	23

## Appendices

A. Senior Citizens of the Year .....	25
B. Gatekeeper of the Year .....	26
C. Commission on Services to the Aging Members .....	26
D. State Advisory Council on Aging Members .....	27
E. OSA Staff Members .....	28





As required by the Older Michiganians Act of 1981, this annual report outlines the accomplishments of the Offices of Services to the Aging (OSA) during 2009. It also serves as a source of valuable information for the Governor, state legislators, policymakers, and others interested in the needs, preferences and wellbeing of the 1.8 million older adults in our state.

## MICHIGAN'S AGING NETWORK

### OFFICE OF SERVICES TO THE AGING

The Office of Services to the Aging is the focal point of Michigan's statewide aging network, and the designated state unit on aging for Michigan. It was created by Public Act 106 in 1973, and operates under the authority of the Older Michiganians Act of 1981. OSA director Sharon Gire and the 15-member Commission on Services to the Aging are appointed by the Governor with the advice and consent of the Michigan Senate.

OSA is an autonomous, Type I state agency housed in the Michigan Department of Community Health. In 2009, OSA's budget was \$97,350,900, of which 58.9% came from the federal government; 40.9 % from the Michigan Legislature; and .2% from miscellaneous private revenues.

State units on aging, like OSA, are mandated by the federal government under the Older Americans Act. This act is administered by the Administration on Aging, U.S. Department of Health and Human Services.

OSA's mission is to promote independence, and enhance the dignity of Michigan's older adults and their families through advocacy, leadership and innovation. This work includes efforts to improve the health and nutrition of older adults, providing access to information and services, promoting financial independence, and advocating for services and systems to protect older adults from financial exploitation and other forms of elder abuse.

Service delivery for older adults is an ongoing and evolving challenge. Over the past 36 years, the Michigan aging network has expanded to provide a variety of in-home, community-based, access and nutrition services.

OSA oversees the delivery of supportive services in partnership with 16 area agencies on aging, more than 1,200 local service providers serving older adults, and 52 volunteer agencies that place over 12,000 volunteers each year. Together they provide a wide range of services that reflect local community needs, as well as the needs of individual older adults, including those who are in greatest social and economic need.

OSA and the Michigan aging network work together to help older adults stay in their own homes, and to raise awareness about the importance of long term care. This includes looking ahead to meet the needs of aging baby boomers.

## COMMISSION ON SERVICES TO THE AGING

The Commission on Services to the Aging advises the Governor, Legislature, and OSA on matters relating to policies and programs for older adults in Michigan.

This 15-member bipartisan group is appointed by the Governor with the advice and consent of the Michigan Senate. No more than half of its members may be of one political party, and at least half must be aged 60 or older.

The Commission on Services to the Aging approves funds for services administered under the Older Americans Act and the Older Michiganians Act, and it engages in the following activities:

- Serves as an effective and visible advocate for aging issues in all government decisions.
- Advises the Governor and the Legislature of the nature, magnitude and priorities concerning services to older adults.
- Reviews and advises the Governor and the Legislature on the state's policies concerning services to older adults.
- Makes recommendations to the Governor and the Legislature regarding changes in federal and state programs, statutes and policies.
- Advises the Governor, the Legislature and OSA concerning the coordination and administration of state programs serving older adults.
- Reviews and approves the annual State Plan and budget required by the Older Americans Act, prior to submission to the Administration on Aging.
- Establishes policies pertaining to the implementation of federal and state statutes involving funds administered by OSA.
- Reviews and approves all grants administered by OSA.
- Reviews and approves the annual report required in Section 6(n) of the Older Michiganians Act.
- Establishes an advisory council and other specialized advisory committees as needed.
- Designates planning and service areas in conformance with the requirements of the Older Americans Act.
- Designates one agency in each planning and service area as the recognized area agency on aging.
- Undertakes other activities required in Section 4 of the Older Michiganians Act.

## STATE ADVISORY COUNCIL ON AGING

The State Advisory Council on Aging has 40 members appointed by the Commission on Services to the Aging. It meets to study aging issues, and to make recommendations concerning topics selected by the Commission on Services to the Aging.

In April 2009, the State Advisory Council on Aging issued its report on the role and future of senior centers. For 2009-2110, its charge is to study resources available for caregivers of persons living with dementia.

## AREA AGENCIES ON AGING

Sixteen area agencies on aging have been designated according to federal law, and to Administration on Aging and Commission on Services to the Aging requirements.

Area agencies on aging are responsible for the development of local comprehensive service delivery systems, with emphasis on home and community-based systems. They contract with local service providers who respond to requests for proposals issued by the area agencies on aging. The requests for proposals reflect local and national priorities.

Area agencies on aging also use a percentage of their service funds to expand and improve service delivery through training, and by attracting new revenue streams from local, state, federal and private sources.

## COMMISSIONS AND COUNCILS ON AGING

Local commissions and councils on aging are found in every part of the state. The functions of these organizations are not governed by state or federal laws. However, where area plan services are funded, they are required to follow OSA Operating Standards for Service Programs to assure the quality and consistency of services, as well as audit regulations and any other state requirements that apply to nonprofit organizations.

## LOCAL SERVICE PROVIDERS

Michigan's aging network has more than 1,200 local service providers. They are knowledgeable about the unique needs of older adults in their specific geographic areas, and they provide a critical local link to OSA and the aging network.

Local service providers must adhere to OSA's Operating Standards for Service Programs to assure the quality and consistency of services.

The congregate meal program for older adults uses 644 facilities within the state. Of these, 64 percent serve meals three to five days per week, 12 percent serve meals three days per week, 14 percent serve less than three days per week, and 10 percent serve seven days per week.

Of the 644 facilities, 46 percent are multi-purpose, 35 percent are community focal points, 20 percent are public/low-income housing, 8 percent are faith-based, 6 percent are adult day centers, 6 percent are restaurant sites, and 1 percent is school facilities. Approximately 48 percent of the sites are urban, while 41 percent are rural.

Other sites serve as access centers for information and referral, case or care management, counseling, legal and other services.

## PARTNER ORGANIZATIONS

Network partner organizations include Centers for Independent Living, Community Action Agencies, community hospitals, Community Mental Health agencies, the Consumer Task Force, the Department of Human Services, housing authorities, legal service providers, Medicaid, Medicare/Medicaid Assistance Program, MiChoice Waiver, ombudsmen, and transit authorities.

## SERVICES

### EVIDENCE-BASED DISEASE PREVENTION PROGRAMS

Evidence-Based Disease Prevention Programs emphasize both prevention and treatment. They focus on groups of people with specific health conditions rather than individuals, looking at families, communities, social networks, service systems, environments, social and cultural norms, and laws and political processes, and determining how they interact and influence each other. The ultimate goal of Evidence-Based Disease Prevention programs is to help participants adopt lifestyle behaviors that may enhance their quality of life.

These programs help reduce the risk of developing chronic disease. They also teach those with chronic disease how to manage their disease, and communicate better with family members and medical care providers.

Since this approach addresses most of the major health issues faced by Michigan's aging population, Evidence-Based Disease Prevention Programs are easily integrated and embedded into the existing fabric of aging services.

By working in partnership with Michigan State University Extension offices, the Arthritis Foundation of Michigan, the Kidney Foundation of Michigan, the Chronic Disease Division of the Michigan Department of Community Health, and area agencies on aging in Michigan have created community coalitions to support and provide opportunities for older adults to participate in Evidence-Based Disease Prevention Programs. In addition, each area agency on aging was asked to sponsor one chronic disease program and to develop a program development objective in its first year.

The Detroit Area Agency on Aging, Region 2 Area Agency on Aging, Valley Area Agency on Aging, and Region IX Area Agency on Aging are participating as part of an Evidence-Based Disease Prevention Program grant received from the Administration on Aging. They have created regional groups of agencies that are interested in offering the program, as well as facilitated leadership training and technical assistance.

Evidence-Based Disease Prevention Programs currently available in 53 Michigan counties include the Stanford Chronic Disease Self-Management Program, Matter of Balance, Enhanced Fitness, Arthritis Self-Management, and the Arthritis Exercise Program.

### COMMUNITY LIVING PROGRAM

The Community Living Program, formerly called the Nursing Home Diversion Program, has added a new and valuable dimension to Michigan's aging network regarding who is served, and how services are provided.

A Community Living Program embodies person-centered thinking and planning, and self-determination, into aging network services. It revolutionizes how a person's needs are determined and met, based on that person's stated wishes, hopes, desires and needs.

It empowers older adult participants, and gives them options to decide who will provide their care (including friends or neighbors), and at what cost. It ensures that they have access

to comprehensive information and options related to supports and services, care provision and how the service will be financed. The older adult, rather than the service provider, becomes the driver of decision-making.

People served by the Community Living Program include those who may have little or no caregiver experience or social support; or who may have a significant cognitive impairment or immediate need; or who may no longer be able to perform routine activities of daily living.

The Community Living Program also focuses on those at high risk of nursing home placement and Medicaid spend-down, but who have some personal resources available for their care. This approach assists those needing long term care services to utilize their own resources, sometimes with support from local service providers.

This program offers older adult consumers a variety of options, as well as control over the affordable services they may receive in their own home, while delaying their entry into the Medicaid program. Service options to date include cost sharing, private pay, self-direction, agency of choice, and vouchers.

The Community Living Program has allowed the aging network of service providers to expand its long term care vision, and offer flexibility in both policy and practice. It has enabled the aging network to respond rapidly to the changing needs of older consumers and their caregivers in new and different ways.

As a result, state operational policies have been reviewed and modified as needed. The Community Living Program has allowed existing operational policies to be reframed, reshaped, retooled, and in a word, “modernized.”

To date, more than 280 older adults have been served by the Community Living Program, and 97% indicate they are satisfied or very satisfied with the program. Also, 97% of its participants would recommend the program to friends or family.

All grant partners, including area agencies on aging, have participated in training related to self-determination. Since the program’s inception, 546 people have participated in a total of 19 trainings. In addition, 66 people have participated in seven focus groups held to determine training needs.

The Community Living Program grew in scope during 2009, thanks to a second year of competitive grant funding from the Administration on Aging. OSA received \$500,000 the first year, and \$650,000 the second year.

During 2009, Michigan’s Veterans became eligible for a new federal program available to the aging network called the Veteran Directed Home and Community Based Service Program. It identifies Veterans of any age at risk of nursing home placement, regardless of income, and provides them with services through Michigan’s aging network. OSA’s participation in this program was made possible as a result of OSA’s successful application for the 2009 Community Living Program grant.

Veterans who are assessed by the U.S. Veterans Administration and found to be at risk of nursing home placement, and therefore eligible for the Veteran Directed Home and Community Based Service Program, are referred to an area agency on aging (AAA)



participating as a partner in the Community Living Program. The AAA offers eligible veterans with person-centered planning and consultation, as well as a plan of supports and services to help them stay in their own homes. This includes the option of self-directed care where the veterans hire and supervise staff to provide the services directly.

The Veterans Administration reimburses the area agency on aging for the costs of providing person-centered planning and consultation; putting together a plan of supports and services; providing follow-up activities to ensure that the veteran is happy with his or her services; and meeting changing needs.

Under this Veteran Directed Home and Community Based Services Program, Michigan was the first state in the country to complete a provider agreement between an area agency on aging (the Area Agency on Aging of Western Michigan) and a local Veterans Administration Medical Center (located in Battle Creek), and enroll a veteran.

Since then, the practices and policies developed by OSA and the U.S. Veterans Administration through this grant are being used as best practices in other states. This program ensures the provision of more services than are presently available to veterans through the Veterans Administration, minimizing the need for costly Veterans Administration nursing home care through person-centered planning and self-determination.

## CAREGIVING

It is estimated that one in four households in our nation are involved in caregiving. Caregivers, such as spouses and adult children, provide the overwhelming majority of homecare services in this country.

Approximately one million Michigan citizens provide one billion hours of unpaid care annually to adults who have illnesses or disabilities, with an approximate economic value of more than \$9 billion each year.

OSA provides a variety of information and resources at the state level that, together with contracted services through area agencies on aging and local service providers help support caregivers. This helps strengthen existing in-home care systems.

OSA continues to enhance the amount and quality of information and resources accessible to caregivers through the "Caregivers Corner" on the OSA website, [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors).

One key service that provides meaningful activities for older adults who need assistance during the day, as well as respite for family members and caregivers, is adult day service. OSA continues to receive several requests weekly for information about how to develop adult day services.

OSA has been able to use an existing federal grant to cover the cost of training 18 care managers as Tailored Caregiver Assessment and Referral Specialists (TCARE), and to begin training several of them as the trainers of others. This evidenced-based model program assesses caregivers, and targets and links them to service choices that they are most likely to use consistently. TCARE has been found to reduce caregiver depression and burden.

A special adult day service resources page has been added to the OSA website, [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors) that allows would-be developers of adult day services to learn about the standards, best practices and available resources to develop a successful adult day service.

## SAVVY CAREGIVING

OSA was awarded a three-year Savvy Caregiver Grant from the Administration on Aging for "Creating Confident Caregivers: The Michigan Dementia Project." It trains and supports family caregivers of persons with Alzheimer's disease and related dementia.

OSA is working with five area agencies on aging, the Michigan Dementia Coalition, and several local aging service providers to conduct an evidence-based program of six two-hour classes for caregivers. Caregiver participants receive a caregiver manual and skill-building so they can better cope with the demands of caregiving.

During 2009, the project trained 23 master trainers, held more than 26 caregiver training sessions, and reached nearly 200 caregivers with the Savvy Caregiver Program.

In addition, OSA was awarded a second grant during 2009 from the Administration on Aging to expand the Creating Confident Caregivers-Veterans Administration Project by adding an innovative program to assist the caregivers of veterans with dementia. The project includes seven area agencies on aging, the Alzheimer's Association, and three Veterans Administration medical centers.

Using the Savvy Caregiver program as the model, the project is developing a veteran-specific caregiver program, and providing classes for caregivers. It expands upon Michigan's successful replication of the Savvy Caregiver Model program to target the caregivers of veterans, and provide them with tools to empower them by enhancing their knowledge, skills and strategies in caring for veterans with dementia.

## STATE LONG TERM CARE OMBUDSMAN

The State Long Term Care Ombudsman program provides advocacy and empowerment to residents of licensed long term care facilities that include nursing facilities, homes for the aged, and adult foster care homes. Approximately 100,000 Michigan citizens live in these settings.

Through a network of ten local offices and the State Long Term Care Ombudsman office housed at OSA, older adults and people with disabilities living in long term care facilities are able to obtain help with any type of problem or issue they encounter. The issues can be as ordinary as not getting the food one prefers, or as complex as a violation of individual rights in guardianship, a discharge, or some other life-changing event.

The State Long Term Care Ombudsman program serves Michigan residents through complaint resolution and public education, and by providing consultation to individuals, facilities and other agencies. Recently, a nursing home resident said to an Ombudsman, "You're the first one to ask me what I want." Long Term Care Ombudsmen pursue this person-centered work every day.

Local long term care ombudsmen work through a problem-solving process with residents, and anyone the residents choose to involve in this process, to improve their quality of care. They also support residents who wish to move out of a nursing home through Nursing Facility Transition services, and they support residents who have issues related to guardianship and other surrogate decision-makers.

In 2009, this program resolved 2,176 complaints on behalf of 1,362 residents; provided 277 public education sessions; conducted 2,848 consultations to individuals; and conducted 747 consultations to facilities or agencies.

In addition, the program promotes and advocates for systems change to improve the lives of residents, and through improved long term care policy and service delivery, Ombudsmen comment on legislation and other proposals; speak with media; and participate with decision-makers in groups such as the Long Term Care Supports and Services Commission, the Nursing Facility Transition Stakeholders, Advancing Excellence in America's Nursing Homes, and the Adult Foster Care Licensing Advisory Council.

## MEDICARE/MEDICAID ASSISTANCE PROGRAM

The mission of the Medicare/Medicaid Assistance Program (MMAP) is to educate, counsel and empower Michigan's older adults and individuals with disabilities, and those who serve them, to make informed health benefit decisions.

The program now has 57 locations serving 83 Michigan counties, with over 500 trained professionals, skilled volunteers and staff members who provide information and assistance on a variety of Medicare and Medicaid-related items.

Counseling topics include Medicare and Medicaid eligibility, medical coverage, enrollment, post-enrollment issues, claims, grievances and appeals, fraud, abuse, and identity theft related to Medicare, Medicaid, managed care, Medigap, and long term care insurance products.

During 2009, over 50,000 calls were handled through the MMAP toll-free helpline (1-800-803-7174), and 35,422 people received individual counseling. Program sites conducted 1,157 outreach and enrollment events, and reached 85,023 individuals. Media coverage reached over 4.1 million individuals. Michigan Medicare and Medicaid beneficiaries served by the program saved \$19.5 million in out-of-pocket costs.

Also, during 2009 special federal funding was received under the Medicare Improvements for Patients and Providers Act of 2008 that is administered by the Administration on Aging and the Centers for Medicare & Medicaid Services.

This special project finds Medicare beneficiaries who are eligible for the Low Income Subsidy, Medicare Savings programs, and Medicare Part D, and assists them with applying for benefits. This project is a collaboration between MMAP, area agencies on aging, Centers for Independent Living, and local aging network service providers.

## SENIOR PROJECT FRESH

Senior Project FRESH is Michigan's Senior Farmers Market Nutrition Program sponsored by the U.S. Department of Agriculture Food and Nutrition Services.



It was developed to help support local farmers markets and roadside stands, as well as to provide individuals with coupons that they or their caregivers can use to purchase Michigan-grown, unprocessed produce, such as strawberries, lettuce, tomatoes, and parsley.

In 2009, 76 counties distributed coupons to over 23,000 eligible older adults aged 60 or older, and whose income was 185 percent of poverty or less. Participants received a complete listing of what produce was available, as well as nutrition education classes, one-on-one counseling, and cooking demonstrations.

In 2009, Senior Project FRESH also partnered with the Michigan Department of Community Health Cancer Control program “WISEWOMAN,” for women at risk for breast and cervical cancer, to distribute Senior Project FRESH coupons to approximately 2,000 women in Michigan, age 40 to 64.

## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The Michigan Senior Community Service Employment Program is authorized under Title V of the Older Americans Act, to foster and promote useful part-time opportunities in community service activities for low-income persons, 55 years of age or older, in order to transition them to unsubsidized employment.

During the last few years, Older Americans Act amendments have expanded the program’s purpose to include increasing the economic self-sufficiency of participants, and increasing the number of those who may benefit from unsubsidized employment.

During 2009, funding from the U.S. Department of Labor was \$3,443,981 for 392 authorized positions, and OSA contracted with 10 sub-grantees to administer the program at the local level. Over 492 older adults were served. Of these, 326 were aged 55 to 64, and 166 were aged 65 or older. As a result, 38.7 percent of those enrolled in the program found unsubsidized employment.

Through continuous quality improvement, OSA has continued to increase performance in the expenditure of grant funds. Because of increased collaboration with the Michigan Department of Labor and Economic Growth, OSA was able to secure a contract with the Macomb/St. Clair Michigan Works! As a result of its relationship with Michigan Works!, OSA continues to explore future employment opportunities for older adults in the high growth industries of health care, hospitality and retail.

## OLDER VOLUNTEER PROGRAMS

The vast majority of our older adults are healthy, active and engaged in both family and community life. No where is this more evident than in the three older volunteer programs supported by state and federal funds through OSA and the U.S. Corporation for National and Community Service – the Foster Grandparent, Senior Companion and Retired and Senior Volunteer Programs.

While these three volunteer programs do not represent a complete picture of all that dedicated older adult volunteers are doing to make life in their communities better, they provide a snapshot of what older adults are contributing across our state and nation.

Nearly 12,000 older adults demonstrate daily the rich resources available in our older population, and their commitment to making Michigan a great place to live, either on a person-to-person basis, such as a foster grandparent who works with a child who has great emotional and physical needs; as a senior companion who visits another older adult who is alone and isolated; or as a Retired and Senior Volunteer Program volunteer who works with other volunteers to clean a river.

During 2009, older volunteers serving in these three programs contributed more than 2.8 million hours of service. We find them in schools, hospitals, police departments, nursing facilities, museums and juvenile detention settings. They tutor, transport, deliver meals, plan for responding to community emergencies, or simply provide a friendly smile or words of encouragement.

Based on the latest information available from the U.S. Bureau of Labor Statistics, this equates to an annual economic value of nearly \$54 million. The value to those they serve – priceless.

## MICHIGAN DIRECT CARE WORKFORCE INITIATIVE

During 2009, OSA provided support to the Michigan Alliance for Person-Centered Communities, formerly the Michigan Direct Care Workforce Initiative, as it developed plans to become Michigan's long term care culture change organization.

As a result, the Michigan Alliance for Person-Centered Communities is now a member of the national Pioneer Network comprised of other state culture change coalitions. It promotes an array of adult long term care supports and services that create strong communities deeply rooted in dignity and respect.

Another workforce initiative product, new web-based Home Skills Enhancement Training Modules for direct care workers, provide valuable information in the areas of household cleaning, meal planning and shopping, as well as food safety and meal preparation for older adults. These training modules are now easily accessed on the OSA website, [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors).

These innovative modules can be used to strengthen the skills of direct care workers and those providing hands-on care, to better serve older adults or persons with disabilities in their homes. OSA partnered with Michigan State University, the Community Services Network of Michigan and Michigan State University Extension on this project.

## ELDER ABUSE

Elder abuse continues to be an area of major concern. National data reflects disturbing realities, such as the difficulty encountered by elderly victims in recovering from abuse, and shortened life spans for victims. During times of economic distress, concerns about victimization are heightened, and abuse often increases.

Estimates indicate that at least 5 percent, or 73,000 of Michigan's older adults, are victims of elder abuse. As the older population increases, we will see a corresponding increase in victims.

Another significant concern is the lack of reporting of elder abuse. Older adults are reluctant to report abuse for fear of being forced to leave their homes, losing control of decision-making, or being separated from the people and things they love. Despite numerous efforts by OSA and the aging network, many older adults and their family members remain unsure about where or how to report suspected abuse.

OSA is actively engaged in state and local efforts to raise awareness of available resources for victims and those at risk. Even during cutbacks in funding, Michigan has been able to grow its elder abuse programs, in particular through the development of new local elder abuse teams called Triads. Their sole purpose is to promote senior adult safety, and reduce the fear of crime that older adults often experience.

OSA also continues to lead the state-level Senior Exploitation and Abuse Quick Resource Team that brings together abuse prevention professionals to work on systemic advocacy, and provide case assistance.

In addition, OSA has been a key partner in implementing a grant from the U.S. Department of Justice to train over 100 law enforcement officers, along with prosecutors and judges, in southeast Michigan.

The success of this law enforcement training has enabled Michigan to secure another cycle of funding for this grant to continue building elder abuse assistance efforts in southeast Michigan. OSA also is active in efforts to extend this law enforcement training to criminal justice and social service professionals throughout Michigan.

OSA has worked closely with the Governor's office to improve Michigan's statutes on elder abuse. In 2009, 19 bills based on the Governor's Task Force on Elder Abuse recommendations were introduced in the Michigan Legislature. Eight of these bills passed the House and have been sent to the Senate, while several other bills are pending in committees.

These bills extend protections for vulnerable adults living at home and in residential facilities. They cover various aspects of elder abuse, including financial abuse. They also increase penalties for vulnerable adult abuse, and improve investigations and prosecutions.

## MICHIGAN ADULT ABUSE, NEGLECT AND PREVENTION TRAINING PROGRAM

As a result of a grant awarded to OSA by the Centers for Medicare & Medicaid Services, a series of training programs have been developed and implemented focused on adult abuse and neglect prevention through staff empowerment, culture change and person-centered planning.

Entitled the Michigan Adult Abuse and Neglect Prevention, this project focuses on aspects of direct care staff life and work that contribute to abuse over which they can exercise some control. Topics include recognizing and defusing life and work stressors and engaging in active listening.

The training programs use highly interactive, case-based and reflective exercises that empower staff with skills to help them build stronger, more constructive professional and personal relationships.

The findings of a formal evaluation of the Adult Abuse and Neglect Prevention project by Michigan State University have provided significant evidence in support of its curricula and positive impact on participants. This program benefited from a strong state-community-academic partnership between OSA, Michigan State University, and the Adult Abuse and Neglect Prevention Curricula and Advisory Committees.

Building on the success of these training programs, a series of 12 one-hour facilitator instructional modules have been developed. Each module offers trainers step-by-step instructions and a PowerPoint slide show. The modules use adult learner-centered approaches to share valuable information and engage participants in applying skills and knowledge.

Organizations working with vulnerable participants may access these instructional modules online at no cost by going to [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors) or [www.phinational.org](http://www.phinational.org). In addition, the PHI is now hosting the modules, and it supports continued outreach to promote use of the training programs.

## LEGAL ASSISTANCE

Legal assistance programs, funded under Title III-B of the Older Americans Act, provide information and referral, advice and counsel, legal education and direct legal representation to Michigan's older adults.

Legal providers assist clients with legal issues such as housing, public benefits, advance planning, and financial exploitation. Michigan's older adult legal programs have continued to increase their involvement in elder abuse prevention and intervention efforts.

During 2009, legal providers faced an increased demand for assistance with foreclosure, reverse mortgage, predatory lending and other home ownership issues. They also report a disturbing trend of requests for increased help with consumer fraud and financial exploitation matters and an increase in the number of older adults needing help with bankruptcy.

OSA, in partnership with the Legal Hotline for Michigan Seniors, administered by Elder Law of Michigan, engaged in strategic planning efforts to improve coordination of legal programs throughout the state.

This year the Legal Hotline handled more than a 10 percent increase in calls, and has completely reworked its intake process to provide same-day service to most callers. During 2009, Michigan's legal programs and the Legal Hotline provided more than 31,000 units of service to approximately 14,000 clients, and conducted over 200 community presentations for more than 9000 participants.

During 2009, OSA implemented an Internet-based reporting system for Title III-B legal services to enable all of OSA's legal grantees, as well as the Legal Hotline for Michigan Seniors, to report data electronically.

## COMMUNITY FOR A LIFETIME RECOGNITION PROGRAM

In 2007, OSA established a Community for a Lifetime Recognition Program for Michigan communities that have completed an elder-friendly community assessment and/or have improved the livability of their communities.

This recognition program grew out of a nationwide movement aimed at preparing communities to become elder-ready, and from recommendations made by the State Advisory Council on Aging.

OSA supports communities in Michigan that are considering an evaluation to determine how elder-friendly and livable their communities are, or who are focusing on making improvements that have been indicated by a previous community assessment. The goal is to prepare for today's older adults, as well as the new age wave of Boomers.

The application form for the Community for a Lifetime Recognition Program for Michigan communities, and a toolkit to help communities plan, can be found at [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors). Click on Communities for a Lifetime, then on Successful Aging in Place under Topics of Interest.

Since 2007, nine communities have received recognition from the Michigan Commission on Services to the Aging for completing an elder-friendly community assessment. They are the city of Gaylord, northwest Ottawa County, Kent County, the city of Alpena, the greater Battle Creek area, Washtenaw County, Bay County, the cities of Farmington and Farmington Hills, and the city of Holland.

In 2009, OSA worked with the Michigan Society of Gerontology, Michigan State University, Wayne State University, the Otsego County Commission on Aging, Michigan State University Extension, and the Region 3-B Area Agency on Aging to conduct a Fall Forum on Livable Communities.

OSA also provides ongoing technical assistance to communities that conduct an elder-friendly community assessment and apply for recognition. This process can take from 9 months to 1.5 years. Applications for recognition are accepted twice each year, on April 1 and October 1.

## HOUSING

Most persons, aged 60 or older, prefer to stay in their own homes, but their ability to age successfully in their own homes can be compromised in a variety of ways. These include injury due to falls; loss of mobility from chronic disease; loss of a spouse; aging homes in disrepair and a lack of available resources to repair or modify them; and more recently, the U.S. mortgage crisis.

Having affordable rental or other housing options is important to maintaining independence in the community for as long as possible. While a majority of older adults are homeowners, many are renters as well. However, there is a shortage of affordable housing and assisted living settings for older adults.

The housing crisis has created hardships for older adults in securing and retaining housing. Also, many older adult consumers are unsure about how to find the range of housing options that exist. They need sources of helpful consumer information about available housing-related services, and how to access the current range of available options.

The development of affordable and livable housing for older adults also requires ongoing communication and partnerships between the aging network and housing-related



organizations, consumers, nonprofits and other interested parties with housing developers to fill local gaps in the housing services continuum.

To address these housing needs, OSA provides housing information on its website, [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors). Click on Topics of Interest, then click on Housing. The Senior Residential Locators Page is continually enhanced with the latest website links and housing search engines, including the Michigan Housing Locator. The OSA website also includes information on foreclosure prevention.

OSA continues to be represented on the Affordable Assisted Living Task Force which is helping to develop up to five Michigan affordable assisted living demonstration projects within continuing care retirement settings to promote person-centered housing with services options for older adults.

The first of these projects, Heron Manor, was launched successfully in Grand Rapids in 2009. OSA continues to work with Michigan State Housing and Development Authority staff, housing specialists and many other organizations for information sharing and collaboration on ways to better integrate housing and services for older adults and persons with disabilities through the Nursing Facility Transition Housing Work Group.

## OLDER MICHIGANIANS DAY

June 24, 2009, was the second annual Older Michiganians Day. Building on the successes of the first event in 2008, the public gathering at the capitol focused on the economic issues facing older adults in Michigan, and the policies needed to strengthen the social fabric.

Citizen advocates met with legislators to encourage them to support a platform of three proposed strategies to promote cost-saving measures; attract and retain retirees; and protect vulnerable older adults and their resources.

The event was planned by the Older Michiganians Day Planning Coalition composed of representatives from the Area Agencies on Aging Association of Michigan, the Olmstead Coalition, Michigan Directors of Services to the Aging, the Michigan Disability Rights Coalition, and the Michigan Senior Advocates Council.

## CULTURAL COMPETENCE

OSA is committed to honoring diversity and cultural competence. Our cultural competence strategic plan addresses the following: values, information, education and outreach. Below is OSA's cultural competency vision, mission, and guiding principles and a summary of the tasks completed.

### VISION

The Office of Services to the Aging is the focal point of Michigan's statewide aging network providing leadership, innovation, advocacy, and supportive services on behalf of Michigan's diverse population of older adults and caregivers. We are committed to increasing cultural competence within our organization and throughout the aging network.

## MISSION

To promote independence and enhance the dignity of Michigan's diverse population of older adults and their families.

## GUIDING PRINCIPLES

- To honor differences among people with respect to national origin, culture, ethnicity, background, generation, gender, skills, abilities, and all other unique differences that make each of us who we are.
- To demonstrate behaviors and attitudes which reflect an understanding of difference.
- To support and sustain an environment that is diverse, inclusive, and equitable in employment and service delivery.
- To value and respect each person in our organization for his/her uniqueness and how this uniqueness contributes to organizational success.
- To promote a culture of inclusion built on trust, respect, civility, and dignity for all.
- To model organizational behavior that promotes multiculturalism and inclusion in the workplace.
- To include diverse representation in program and policy decisions affecting Michigan's older citizens.
- To create a work environment that encourages an open, non-judgmental exchange of ideas.

Cultural Education Events: Introduced in 2009, celebrations were also held throughout the year to honor differences among people, learn about different cultures, and experience cultural traditions. This year two events held for staff focused on the African American culture and on India and its people.

Cultural Snapshots: OSA held several meetings to determine and find information on various cultural groups that would assist in understanding their unique service needs. Available information is being analyzed and put into narratives, called snapshots, that will help service providers and others as they plan programs and serve Michigan's diverse aging population. In FY 09, snapshots were developed on older adults who are African American, Arab American, Asian American, Hispanic, and American Indian. It is OSA's plan to include information on demographics, cultural nuance, care giving, health and healing, income, education, and related content on each cultural group.

Performance Management: Introduced in 2009 for use in 2010, cultural competence performance factors for staff and management were developed and have been implemented. OSA management supports, encourages, and mentors behavior that honors differences.

## PROGRAM DATA

### PROGRAM REPORTING

For several years, OSA has designed and developed an Aging Information System to collect information necessary for mandated federal and state reporting, comprehensive data analysis, and for continuous quality improvement initiatives. The following data illustrate the breadth of information that is available regarding clients served and services provided by Michigan's aging network.

#### DURING 2009, OSA:

- offered more than 60 different services for older adults and caregivers in community-based and in-home settings;
- served 11 million congregate and home-delivered meals;
- provided 703,000 units of care management, case coordination and support, chore, homemaker, personal care, and other in-home services;
- delivered nearly 550,000 units of counseling, disease prevention, elder abuse prevention, health screening, home repair, home injury control, information and assistance, legal services, medication management, outreach, transportation, and other community services; and
- supported caregivers with more than 890,000 units of respite care, adult day care, counseling, training, support groups, transportation, outreach, and information and assistance services.

#### ALSO DURING 2009:

- 131,676 older adults registered for services;<sup>1</sup>
- 113,818 participants received nutrition services;
- 56,493 older adults received community services;
- 21,190 were older adults who need in-home services; and
- 7,457 were caregivers in registered services.

#### OF THOSE EXPERIENCING DIFFICULTIES WITH COMMON DAILY ACTIVITIES:

- 71% reported difficulty shopping and/or cooking meals;
- 55% had difficulty doing laundry, cleaning, climbing stairs, walking, and/or using transportation;
- 37% reported difficulty bathing, keeping appointments, and/or handling finances; and
- 78% had difficulty with three or more activities of daily living.

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<sup>1</sup> "Registered" clients are those clients that are enrolled in services. Registered client counts are unduplicated. Clients in non-registered services are reported in the aggregate and may include duplication.



## ACCESS SERVICES

Access services assist older adults and their families to coordinate programs available at the local level. Programs in this service category include care management, case coordination and support, information and assistance, outreach, and transportation.

Access Services	Client Count	Unit Count
Information and Assistance	NA	121,827
Care Management	4,391	32,131
Case Coordination and Support	8,716	45,669
Outreach	NA	89,599
Transportation	5,020	126,315
Assisted Transportation	1,579	14,308

The profile of registered access service clients shows:

- 71% were 75 years of age or older;
- 35% were 85 years of age or older;
- 70% were female;
- 52% lived alone;
- 51% resided in rural areas;
- 25% were low-income; and
- 12% were minority race and/or ethnicity.

## IN-HOME SERVICES

In-home service clients have functional, physical or mental characteristics that prevent them from caring for themselves, and do not have sufficient informal support (e.g., family) to meet their needs. In-home services include chore, friendly reassurance, homemaker, home health aide, home injury control, medication management, and personal care.

In-Home Services	Client Count	Unit Count
Chore	3,252	34,458
Homemaker	6,876	339,629
Home Health Aide/Private Duty	104	1,724
Personal Care	4,216	248,950

The profile of registered in-home service clients shows:

- 73% were 75 years of age or older;
- 36% were 85 years of age or older;
- 73% were female;
- 58% lived alone;
- 52% resided in rural areas;
- 27% were low-income; and
- 13% were minority by race and/or ethnicity.

## NUTRITION SERVICES

Adequate nutrition is critical to one's health, functioning, and the prevention, delay, or treatment of chronic disease. Nutrition services affect overall quality of life and are offered through the aging network to provide nutritious meals in community settings and to older adults who need in-home services.

These services are an important component of home and community-based services for older adults combating social isolation and providing nutrition education. In addition to providing nutritious meals, they offer an important link to other needed supportive in-home and community-based services such as homemaker, transportation, or home repair and modification.

Nutrition Service	Client Count	Unit Count
Home-Delivered Meals	49,744	8,205,787
Congregate Meals	64,074	2,813,542

Home-Delivered Meal Clients	Congregate Meal Clients
71% were age 75 or older	54% were age 75 or older
36% were age 85 or older	19% were age 85 or older
66% were female	66% were female
53% lived alone	36% lived alone
37% resided in rural areas	54% resided in rural areas
35% were low-income	27% were low-income
24% were minority by race and/or ethnicity	12% were minority by race and/or ethnicity
65% were at high nutritional risk	

## COMMUNITY-BASED SERVICES

The Michigan aging network offers a wide variety of services designed to assist older adults in their local communities. Community services include assistance to people with hearing impairments, counseling, disease prevention, elder abuse prevention, health screening, home repair, legal assistance, personal emergency response, senior center staffing, and vision services.

Community-Based Services	Client Count	Unit Count
Disease Prevention	9,286	27,808
Elder Abuse Prevention	4,863	5,503
Friendly Reassurance	1,217	47,000
Health Screening	656	656
Hearing Impaired Services	1,975	4,149
Home Injury Control	1,316	3,773
Home Repair	16	2,097
Legal Assistance	9,705	43,241
Medication Management	134	1,739
Personal Emergency Response	689	2,483
Vision Services	824	2,821
Senior Center Staffing	NA	56,227

## SERVICES TO AT-RISK CLIENTS

Beginning in 2007, OSA enhanced its analysis of data on at-risk clients. This data subset of the in-home service population is comprised of individuals who have specific daily activity limitations that are consistent with a nursing home level of care. A comprehensive understanding of these frail clients with complex service needs is important since without in-home based service systems, many of these clients would likely be forced into more intensive care settings, such as a nursing home, typically at a much higher cost.

In 2009, the aging network supported 5,343 at-risk older adults with 96,080 units of in-home service and 678,722 home-delivered meals. Approximately \$5.9 million federal, state and local in-home service and nutrition funds were spent to serve at-risk older adults. This equates to an annual average expenditure of \$1,100 per client on in-home services and home-delivered meals.

The profile of at-risk clients shows:

- 74% were 75 years of age or older
- 70% were female
- 46% lived alone
- 37% resided in rural areas
- 50% were low-income
- 42% were minority by race
- 77% were at high nutritional risk
- 90% required assistance with toileting, transferring, mobility, walking, bathing, shopping, cooking, cleaning, and/or using private transportation

While at-risk clients represented 8.6% percent of the 62,004 homecare clients in 2009, they received 14 percent of the in-home services and 8 percent of all home-delivered meals the same year. This suggests that client need and frailty are important factors in the delivery of services, and they support the goal of targeting services to those most in need within the overall aging network mission of serving as many older adults as possible.

Services to at-risk clients included:

Service Category	Total Service Units	Service Units to At-Risk Clients	At Risk Service Units (% of Total)
In-Home Services <sup>2</sup>	703,561	96,080	14%
Home-Delivered Meals <sup>3</sup>	8,144,414	678,722	8%
Totals	8,847,975	774,802	9%

<sup>2</sup> Includes care management, case coordination and support, chore, home health aide, homemaker, and personal care services.

<sup>3</sup> Home-Delivered Meal total does not include home-delivered meals served as a form of respite care.

## OLDER ADULTS SERVED IN GREATEST SOCIAL AND ECONOMIC NEED

The Older Americans Act, as amended, specifies targeting to those in greatest social and economic need, with particular attention to low-income minority elderly, American Indians, persons with Alzheimer's Disease and related disorders (and their families), and rural older adults.

Services to Targeted Population	Michigan Population	% of Michigan 60+ Population	60+ Total Served in 2009	% of Total NAPIS Service Population
Total Population 60+	1,596,162	100%	120,019 <sup>4</sup>	100%
Non-minority	1,400,703	88%	98,609	82%
African American	160,741	10%	19,091	16%
Hispanic	18,653	1.2%	1,634	1.4%
Asian/Pacific Islander	12,298	0.8%	1,034	0.9%
American Indian/Alaskan	4,658	0.3%	647	0.5%
Low-income (Age 65+)	96,116	8%	26,419 <sup>5</sup>	30%
Rural	427,733	27%	58,679 <sup>6</sup>	47%

## SERVICES TO CAREGIVERS

Data from Michigan's NAPIS shows that in 2009 there were 7,457 unduplicated caregivers in registered services.

The profile of caregivers in registered services shows:

- 73% were female;
- 50% were younger than 65 years of age;
- 39% resided in rural areas;
- 30% were low-income;
- 35% of caregivers were daughters or daughters-in-law;
- 27% of caregivers were spouses; and
- 24% were minority by race and/or ethnicity.

<sup>4</sup> Client race/ethnicity data is based on registered clients with reported race/ethnicity. Under federal reporting requirements, clients may or many not choose to indicate race during service registration.

<sup>5</sup> Client poverty data is based on registered clients with reported poverty status. Under federal reporting requirements, clients may or many not choose to indicate poverty status during service registration.

<sup>6</sup> Client rurality data is based on registered clients with reported rurality.

Profile of Caregiving	
73%	Provide hands-on care
74%	Have been caregiving for more than one year; 50% for three or more years
54%	Live with the individual(s) that they care for; 33% travel up to one hour to provide care
77%	Provide daily care
36%	Were employed full or part-time
30%	Describe their health as fair or poor
14%	Were caregiving for grandchildren

Services provided through the aging network allow caregivers the opportunity to work, take a break, and receive respite relief from the duties of caregiving. Studies show that when caregivers receive these services, they are more satisfied with their caregiving duties, and the length of time they can be effective caregivers is increased.

Caregiving Services	Client Count	Unit Count
Counseling Services	304	1,182
Support Groups	1,444	8,778
Caregiver Training	1,258	12,953
Adult Day Services	1,550	521,625
Home-Delivered Meal Respite	352	61,373
Homemaker/Personal Care Respite	86	3,318
In-Home Respite	1,720	180,741
Kinship Respite	233	10,803
Out-of-Home/Overnight Respite	96	25,571
Volunteer Respite	449	35,346
Specialized/Other Respite	310	17,979
Supplemental Services	103	271
Caregiver Health Education	NA	2,611
Caregiver Information and Assistance	NA	4,626
Caregiver Transportation	NA	3,084

## OSA BUDGET APPROPRIATION

OSA administers state and federal funds for aging programs. The following charts depict state and federal funding allocations as authorized by the Michigan Legislature.

Fiscal Year 2009 OSA Budget Appropriation	
LINE ITEMS	APPROPRIATION
Commission (Per Diem)	\$10,500
OSA Administration	5,363,400
Community Services	35,442,300
Nutrition Services	37,276,100
Retired and Senior Volunteer Program	756,600
Foster Grandparent Program	2,693,900
Senior Companion Program	1,935,300
Employment Assistance	3,213,300
Respite Care	6,587,500
Nutrition Services (ARRA)	3,200,000
Employment Assistance (ARRA)	792,000
Senior Olympics	80,000
<b>TOTAL</b>	<b>\$97,350,900</b>
<b>APPROPRIATION</b>	
Total Federal Revenues	57,406,800
Title III – Older Americans Act (OAA)	44,647,100
Title VII –Older Americans Act (OAA)	529,700
Nutrition Services Incentive Program – (HHS)	7,401,000
Title V – DoL	3,361,100
Title XIX – Medicaid	1,467,900
Total State Restricted Revenues:	6,587,500
Abandoned Property Funds (Respite)	1,800,000
Merit Award Funds	4,787,500
Miscellaneous Private Revenues	152,000
General Fund/General Purpose	33,204,600
<b>REVENUES TOTAL</b>	<b>\$97,350,900</b>
Source: FY 2008 Appropriation Bill (P.A. 123, HB 4344)	

## GRANT AWARDS

2009 AAA Grant Awards			
Agency	Administration	Services	Total
Detroit AAA (1-A)	\$516,349	\$9,443,458	\$9,959,807
AAA 1-B (1-B)	1,047,013	16,075,309	17,122,322
The Senior Alliance, Inc. (1-C)	424,182	7,239,452	7,663,634
Region 2 AAA (2)	140,081	2,545,153	2,685,234
Kalamazoo Co. Human Services Dept. (3-A)	91,093	1,563,565	1,654,658
Region 3-B AAA (3-B)	94,428	1,780,050	1,874,478
Branch-St. Joseph AAA (3-C)	53,172	965,356	1,018,528
Region IV AAA (4)	148,216	2,631,578	2,779,794
Valley AAA (5)	244,345	4,073,357	4,317,702
Tri-County Office on Aging (6)	158,320	2,625,157	2,783,477
Region VII AAA (7)	366,489	6,736,424	7,102,913
AAA of Western MI (8)	390,289	6,899,856	7,290,145
Region IX AAA (9)	191,777	3,593,629	3,785,406
AAA of Northwest MI (10)	166,175	3,236,090	3,402,265
UP AAA (11)	271,625	4,728,775	5,000,400
Region 14 AAA (14)	172,240	2,753,833	2,926,073
<b>TOTAL</b>	<b>4,475,794</b>	<b>76,891,042</b>	<b>81,366,836</b>

Other Grants 2009	
Agency	Amount
Citizens for Better Care	110,412
MMAP, Inc.	2,723,196
County of Macomb/St. Clair Workforce	800,225
A & D Home Health Care	95,750
Northern Lakes Comm. Mental Health Authority	95,750
Northern Michigan Regional Health Systems	75,238
Home Health Services (Region 8)	95,750
Home Health Services (Region 14)	95,750
The Information Center	95,750
Macomb Oakland Regional Center	119,700
Senior Services, Inc.	95,750
Elder Law of Michigan	115,043
Michigan State University Kinship Care	15,000
Michigan Disability Rights Coalition	347,398
<b>TOTAL</b>	<b>\$4,880,712</b>

## 2009 Older Adult Volunteer Program Grants

Agency	TOTAL	FGP	SCP	RSVP
Bedford Public Schools	\$29,412			\$29,412
Catholic Charities of Jackson Co.	13,603			13,603
Catholic Charities of West Michigan Lakeshore	187,984	140,687	47,297	
Catholic Human Services	420,508	206,077	214,431	
Catholic Social Services of Macomb Co.	111,757		92,443	19,314
Catholic Social Services of Oakland Co.	98,431	63,950	14,503	19,978
Catholic Social Services of Washtenaw Co.	29,354			29,354
Catholic Social Services of Wayne Co.	606,425	399,424	119,891	87,110
Dickinson Iron Community Services Agency	55,305			55,305
Eight Cap, Inc.	296,501	204,058	92,443	
Flint City School District	24,264			24,264
Friendship Centers of Emmet Co.	55,305			55,305
Family Services Agency of Mid Michigan	490,740	281,120	209,620	
Gerontology Network of Kent Co.	348,376	89,172	259,204	
Human Development Commission	202,537	170,807		31,730
Human Resources Authority	464,140	222,354	214,810	26,976
Isabella Co. Commission on Aging	315,689	223,246	92,443	
Lenawee Co. Department on Aging	241,452	241,452		
Marquette Co. Commission on Aging	64,419			64,419
Mecosta Co. Council on Aging	15,848			15,848
Northeast Michigan Community Services Agency	118,789	18,936	78,383	21,470
Otsego Co. United Way	20,620			20,620
Region IV Area Agency on Aging	257,141	212,992	44,149	
RSVP of Ingham, Eaton And Clinton Co.	298,485	15,427	245,508	37,550
Senior Neighbors, Inc.	29,773			29,773
Senior Services, Inc.	231,622		203,893	27,729
South Central Community Action Agency	97,698	97,698		
St Clair Co. Council on Aging	88,075	88,075		
Washtenaw Co. HDS Community Services	10,810	10,810		
United Way of Bay Co.	55,305			55,305
Volunteer Muskegon	6,467			6,467
Western U.P. District Health Department	55,305			55,305
United Way of Northwest Michigan	19,810			19,810
<b>TOTALS</b>	<b>\$5,361,950</b>	<b>\$2,686,285</b>	<b>\$1,929,018</b>	<b>\$746,647</b>



## APPENDICES

### A. SENIOR CITIZENS OF THE YEAR

The Senior Citizens of the Year Award program is a long-standing partnership between OSA, the Michigan Commission on Services to the Aging (CSA), the Michigan State Fair, and Consumers Energy.

Each year an older adult is honored in two categories: Leadership and Service to others. In 2009, Art Nichols of Kalamazoo received the Service award, and Dennis K. Griffin of Waterford was presented with the Leadership award. Both recipients attended an award ceremony on August 31 at the Michigan State Fair in Detroit.

As an active Retired Senior Volunteer Program (RSVP) volunteer, Mr. Nichols became a certified MMAP counselor so he can assist older adults with Medicaid and Medicare, and answer their health benefit questions. He provides in-home support to older adults who need in-home services, assisting them with transportation, shopping, or just taking the time to talk with them.

An engineer by trade, he also assists children through his work with Shriners and SPACES, a 4-H program that teaches at-risk kids hands-on science programs. Mr. Nichols is known as being an older adult with a big smile, a big heart and outstretched arms, ready to lift someone up and into a better life.

Mr. Griffin received the Leadership Award for his achievements as a community leader and activist, and for his unparalleled volunteer commitment to Area Agency on Aging 1-B. Mr. Griffin served as Secretary of the Oakland Livingston Human Services Agency (OLHSA) Board of Directors, and Chair of the OLHSA Senior Advisory Council. He has had a direct impact on services provided by OLHSA for older adults, individuals with disabilities and low-income families residing in Oakland and Livingston Counties.

He also serves as Chair of the Waterford Senior Center Advisory Council; Financial Secretary of the Industrial Office Workers Local 889 Retirees Chapter, and an Advisory Council member for Area Agency on Aging 1-B. Members of these organizations believe he is the type of volunteer that all nonprofit and civic organizations would like to have. Through his leadership and advocacy, he has helped many older adults be heard by their communities and elected officials.

## B. GATEKEEPER OF THE YEAR

Since 1987, OSA has partnered with Consumers Energy to honor employees who look out for vulnerable older adults in the community through the Gatekeeper Program.

This year, Norma J. Horny, a Consumers Energy Customer Service Representative from Saginaw, was selected as Gatekeeper of the Year for her efforts to protect a customer with disabilities. As a result of her advocacy, the customer was able to have her leaking water heater replaced. This enabled Consumers Energy to relight her furnace and allowed her to live in a safe environment.

Gatekeepers strive to improve the quality of life for older adults by going beyond his or her normal job duties. Each month, employees of Consumers Energy are nominated for identifying and assisting customers who are aged 60 or older. From those nominated, OSA and Consumers Energy honor one employee each month. The "Gatekeeper of the Year" is selected from the monthly winners.

## C. COMMISSION ON SERVICES TO THE AGING MEMBERS

Jerutha Kennedy, Chairperson, Detroit

Owen Bieber, Byron Center

Cheryl J. Bollinger, Mason

Joan Budden, Bloomfield Hills

Mary P. Gardner, Lansing

Rose Gill, Wilson

Kathleen Johnston-Calati, Lansing

Valerie Lafferty, Okemos

Donald L. Newport, Greenbush

Anthony P. Pawelski, Pinconning

Thomas G. Rau, Brighton

Amne M. Talab, Dearborn

Ramesh Verma, Novi

Janice Wilson, Fraser

James Wright, Springfield

**Departures in 2009:** Chun-Keung Leung, Bloomfield Hills

## D. STATE ADVISORY COUNCIL ON AGING MEMBERS

Anthony Pawelski, Chairperson, Pinconning

Regina Allen, Lansing

Michael Bartus, Bloomfield Hills

Kellie Boyd, Brownstown

Marci Cameron, Saline

Vicente Castellanos, Freeland

Lawrence Chadzynski, Okemos

David Ellens, Holland

Hope Figgis, Traverse City

Nadine Fish, St. Joseph

Eleanor Flowers, Jones

Lynn Grim, Farwell

Carrie Harnish, Canton

Lois Hitchcock, Southfield

Viola Johnson, Battle Creek

Fred Leuck, Lapeer

Harold Mast, Kentwood

Kenneth McGuire, Carp Lake

Pamela McKenna, Marquette

Denise Mitchell, Flushing

Charles Ortiz, Jackson

Cynthia Paul, Lansing

John Pedit, Redford

Gene Pisha, Dearborn

Gail Ringelberg, Grand Haven

Michael J. Sheehan, Cedar

Clyde Sheltrown, West Branch

Alice Snyder, Grayling

Dean Sullivan, Quincy

Louise Thomas, Kentwood

Terry Vear, Hillsdale

Tomas Valasquez, Charlotte

Cheryl Waites, Detroit

Nancy Waters, Muskegon Heights

Roger Williams, Grand Rapids

Kathleen Williams-Newell, Detroit

Ginny Wood-Bailey, Chelsea

**Ex Officio:** Julie McCarthy  
Judy Karandjeff

**Departures in 2009:** Doree Ann Espiritu, Linda Geml, Henry Shaft, Irene Smith, Edna Walker, Susan Wideman, Paul Wingate, Karen Young

## E. OSA STAFF MEMBERS

Sharon L. Gire, Director

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Erin Atchue

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Steve Betterly

Jan Bowlin

Joanne Bump

Emma Buycks

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Jane Church

David Dekker

Dan Doezema

Carol Dye

Diana Evans

Scott Fitton

Brad Geller

Bonnie Graham

Dawn Jacobs

Sherri King

Chris Korloch

Dee Lamb

Gloria Lanum

Hema Malavia

Lynne McCollum

Laura McMurtry

Pam McNab

Wendi Middleton

Cherie Mollison

Tricia Moore

Tari Muniz

Neelam Puri

Terri Simon

Sarah Slocum

Holliace Spencer

Carol Stangel

Sally Steiner

Lauren Swanson

Julia Thomas

Pamela Webb

Drew Walker

Scott Wamsley

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Roanne Chaney  
Rob Curtner  
Carolyn LeJuste  
Becky Payne

**Student Interns:** Laura Beard  
Tanya Bishop  
Michelle Gould-Rice









**STATE OF MICHIGAN  
OFFICE OF SERVICES TO THE AGING**